



STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
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May 14, 2003

TO: State Board of Health Members
FROM: Craig McLaughlin, Senior Health Policy Manager
RE: **SUMMARY OF 2003 REGULAR LEGISLATIVE SESSION**

Background and Summary

Board staff last presented a legislative update at the March 12 meeting, which followed the cutoff for hearing bills in the house of origin (see attached memo). Since then, Board staff have been communicating positions on bills sent to the opposite house, tracking amendments, and reviewing bills sent to the Governor for signature. April 27 was the final day of the session. The Legislature went home without completing work on several key issues, including the 03-05 operating budget. The Governor ordered a 30-day special session that began May 12 (see attached press release).

Four bills that passed during the regular session are related specifically to the Board's work. They address the food code, chicken inspections, hepatitis C, and workforce shortages. Two health care finance bills on which staff testified, though technically dead, are likely to be resuscitated for the special session. Board staff members continue to follow negotiations around the operating budget, particularly two unresolved issues of particular interest to the Board—newborn hearing screening and public health funding.

Recommended Board Action

None

Discussion

Four of the bills the Board was involved with passed during the regular session:

- **Food Code:** HB 1318 authorizes the Board to reference the U.S. FDA Food Code in its food service rules. The Governor signed it April 17.
- **Chickens:** ESHB 1754 establishes a process for the state Department of Agriculture to regulate small pastured poultry farms. Language exempting these operations from Board rules was removed, as the Board and others had requested.
- **Hepatitis C:** SHB 5039 requires the Department of Health to create a statewide plan for prevention and management of hepatitis C. There is implementation language for the public education part of the plan and the bill gives the Board rule making authority over that component.

- **Health Care Personnel Shortages:** ESHB 1852 directs the Workforce Training Board to continue to coordinate interagency effort to address health care personnel shortages. The Board has been a participant in this process.

In addition, two bills related to health care financing continued to move up until the very end of the session and I expect they will be in play during the special session.

- **Small Employer Insurance:** SSB 5521 would allow employers with fewer than 50 employees to offer a “bare bones” health insurance package to their employees. The Basic Health Plan would no longer be the floor. The Board’s major concern was elimination of mandated coverage for several preventative services, including prenatal screening. Many of those services, but not all, were restored in the version produced by the House Health Care Committee.
- **Basic Health Plan Redesign:** ESSB 5807 seeks to reduce Basic Health Plan costs through measures such as reduced eligibility, a resource test, cost sharing, and authority to disenroll members, beginning with those with the highest income. Again, the Board’s concerns focused on preservation of coverage for critical preventive services. In the most recent version, preventive services would be covered with no cost to the enrollee. Early language limiting an individual’s coverage to 60 months has been eliminated.

The supplemental budget will be the main focus of the special session. There are many issues unresolved, but two are of particular interest to the Board.

- **Public Health Funding:** Both the Governor’s Budget and the Senate Budget including \$48 million in state support for public health during the biennium. The House Budget includes only funding for the first year at \$24 million. There is apparently an expectation that local government will use enhanced taxing authority to pay for local public health after the next fiscal year.
- **Newborn Screening Funding:** The Governor’s Budget included authorization in the DOH budget for all six screens recognized by the Board, as did the House. The Senate eliminated DOH funding for the hearing test. The Governor put \$1.1 million in the DSHS budget to pay for additional newborn hearing screenings. The House and Senate cut this to \$848,000.